



**INFORMATION SYSTEMS ADVISORY  
COMMITTEE**

**June 21, 2007  
CONFERENCE CALL  
12:00PM-3:00PM Eastern Time**

**MEETING MINUTES**

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## **Participants**

### ***Indian Health Service (IHS) Information Systems Advisory Committee (ISAC) Members Attending:***

Darren Buchanan, IHS Office of Environmental Health and Engineering (OEHE) Representative  
Theresa Cullen, IHS Chief Information Officer (CIO)  
Richard Hall, Tribal, Alaska Native Tribal Health Consortium (ANTHC), Alaska  
Laurel Keenan (Bauman Alternate), National Indian Health Board Member  
Bill G. Lance, Tribal, Chickasaw Nation Health System, Oklahoma  
Madonna Long, IHS, Lower Brule Service Unit, Aberdeen Area  
Clark Marquart, IHS Chief Medical Officer Representative, Portland Area  
Wendie Murray (Kashevaroff Alternate), Tribal Self Governance Advisory Committee Representative, Alaska  
Floyd Thompson, IHS, Gallup Indian Medical Center  
Chuck Walt, Tribal, FonDuLac Reservation, Wisconsin, via conference call  
Geoffrey Roth, National Council of Urban Indian Health Board (NCUIH) Member  
JoLynn Davis, National Clinical Councils Member

### ***IHS ISAC Members Absent:***

Michael Belgarde, IHS, Navajo Area Office  
Kathryn Lewis, IHS, Albuquerque Indian Health Center, Albuquerque Area  
Lois R. Niska, Tribal, Medical Director, Ni Mii Puu Health, Lapwai, Idaho  
Reece Sherrill, Tribal Co-Chair, Choctaw Nation Health Services Authority, Oklahoma  
Vacant, IHS National Council of Executive Officers, Navajo Area  
Vacant, IHS, Information Systems Coordinator Committee (ISC) Representative  
Vacant, IHS Member (Vice Pat Cox)

### ***Other Attendees:***

Allejandro Bermudez, NCUIH Alternate  
George Huggins, Director, Division of Information Resources Management, OIT, IHS  
Kathleen Federico, Director, Division of Information Security, OIT, IHS  
Christy Tayrien, Business Systems Analyst, DNC Contractor

## **Roll Call, Welcome and Introductions**

Madonna Long, ISAC Co-Chair

Madonna Long, ISAC Co-Chair, welcomed the attendees to the conference call and conducted a roll call by having participants on the call introduce themselves. The meeting's discussion items are summarized below.

## **Chief Information Officer Report**

Theresa Cullen, Chief Information Officer (CIO), IHS

### ***Health Information Technology (HIT)***

- Ongoing development
- Involvement in Federal initiatives
  - Price and Quality Transparency
  - Federal Health Architecture (FHA)
  - American Health Information Community (AHIC)
    - Personal health record/ family medical record
    - Population health/ biosurveillance
    - Quality of care
    - Electronic Health Record (EHR)

### ***Department of Veterans Administration (VA)/Veterans Health Administration (VHA) Collaboration***

- Ongoing
- Reviewer for Department of Defense (DOD)/VHA inpatient Scope of Work
  - Completed last week with IHS as a reviewer
- Returning Global War on Terror Veterans
  - Data sharing agreement
  - Establishing and chartering IHS/VHA HIT Initiative Workgroup
- Health Transparency
  - Using a business process model developed by FHA for the adoption of interoperability standards and specifically HITSP-endorsed interoperability specifications for the Resource and Patient Management System (RPMS)
  - Collaborating with DOD/VA

### ***Proposed Office of Information Technology (OIT) Reorganization***

- No new positions
- Maintain OIT
- Propose Division changes to:
  - Division of Enterprise Architecture and Software Development (currently Division of Information Technology)
  - Division of Information Business Management (currently Division of Information Resources Management)
  - Division of Computing Services and Help Desk Support (currently Division of Enterprise Project Management)
  - Division of Information Security and Networks (currently Division of Information Security)

### ***OIT Executive Management Update***

- Filled Deputy Director, OIT
  - Chuck Gepford, effective June 25, 2007
- Filled Director, Division of Information Security, for one-year period
  - Kathleen Federico, effective May 27, 2007

## ***Workgroup for Practice Management (PM) Applications***

- People participating as subject matter experts
- Requirements gathering phase
- Supported by the IHS Office of Resource Access and Partnership (ORAP) and OIT
- Goal is to:
  - Reverse engineer current requirements in PM applications
  - Gather additional requirements
  - Develop requirements document
  - Gap analysis
  - Option evaluation based on gap analysis
    - Current applications with enhancements
    - Other new applications
    - Commercial-Off-The-Shelf (COTS) options

## ***E-Gov President's Management Agenda (PMA) Scorecard***

For the quarter that just concluded, IHS earned a green status rating. IHS earned this rating through the accomplishment of the following tasks:

- Consistently submitted timely Earned Value Management (EVM) reports and acceptable Information Technology (IT) Exhibit 300s. No investments exceeded cost/schedule variances by +/-10%.
- IHS continues to work with the Department of Health and Human Services (HHS) University to meet the Learning Management system PMA/Line of Business (LoB) initiative.
- Demonstrated Federal Information Security Management Act (FISMA) compliance.
- Complying with HHS Enterprise Architecture (EA) requirements.
- Completed general migrations to HHSMail with the final migration of Shiprock hospital by 3/31/07.
- Standards by which IHS was evaluated on this initiative:
  - PMA
  - Comply with Capital Planning and Investment Control Program
  - Meet PMA E-Gov and LoB initiatives milestones
  - Comply with HHS SecureOne
  - Comply with HHS EA
  - HHS Enterprise / Top 20
  - Fulfill HHS Enterprise and Top 20 IT Management Goals
- Indicate whether or not IHS has met those standards: **MET**

## ***HIT Scorecard***

- **Health Data Standards**  
Conduct preliminary review of Health Information Technology Standards Panel (HITSP) interoperability specifications version 1.2 delivered to American Health Information Community (AHIC) October 2006. (Ref: HITSP Interoperability Specifications: Electronic Health Record Laboratory Results Reporting HITSP/IS-01, Biosurveillance HITSP/IS-02, Consumer Empowerment HITSP/IS-03). GREEN March 2007
- **Systems Development**  
**Not Applicable**
- **Certification Processes**  
IHS Analysis of certification criteria as they apply to the RPMS to identify gaps and resources necessary to address gaps GREEN March 2007

- **Price and Quality Transparency**

Provide a list of its current quality measures and methodologies GREEN March 2007

### ***Additional Needs***

- Training ( through Data Networks Corporation - on site in Rockville)
  - Earned Value Management
  - Project Manager
- Technical Assistance
  - Access to Gartner updates
  - Access to other services?

### ***Discussion:***

Rich Hall asked about Family Medical Records. Dr. Cullen said initially data will live in the individual record itself. The major push is to look at genomics; family history is a subset of it. There are no requirements at this point.

## **President's Management Agenda and IHS Director's Annual Performance Contract**

Theresa Cullen, CIO, IHS

### ***President's Management Agenda***

- Administration's strategy to improve government-wide performance
- IHS is scored in 6 areas – 5 management and 1 program initiative
  - Human capital, competitive sourcing, financial performance, e-gov, budget and performance integration, and real property asset management.

### ***Scores and Meaning***

- Agencies are rated quarterly on status in achieving overall goals for each initiative and on progress in implementing action plans.
- Green score = met all standards for success and implementing approved plans
- Yellow score = mixed results but progress is being made
- Red score = serious flaws in implementing plans and is in jeopardy of not achieving its plans without significant management intervention

### ***IHS PMA Scores Third Quarter, Fiscal Year 2007***

- Human Capital: Green for Status and Progress
- Competitive Sourcing: Green for Status and Progress
- Financial Performance: Red for Status, Green for Progress
- E-Gov: Green for Status and Progress
- Budget/Performance Integration: Green for Status, Yellow for Progress
- Real Property: Yellow for Status, Green for Progress

HHS summaries at <http://intranet.hhs.gov/pma>

### ***To Improve PMA Scores***

- Submit appropriation reports timely to Congress to improve Yellow rating for Progress for Budget/Performance Integration
- Implement the United Financial Management System (UFMS) in October 2007 to improve Red rating for Status for Financial Performance
- HHS must more fully demonstrate use of inventory data and performance measures in daily decision making to improve the Office of Management and Budget (OMB)-assigned Yellow rating for Status for Real Property/Asset Management

### ***Additional (non-PMA) Scorecards***

- Transportation Management (assessed twice annually in January and July). IHS contributed to HHS' green progress rating in Jan 07)
- Environmental Management (assessed twice annually in January/July). IHS contributed to HHS' green progress rating in Jan 07)
- Energy Management (assessed twice annually in January and July). HIS contributed to HHS' green progress rating in Jan 07)
- Health Information Technology (assessed quarterly).
- Acquisition (assessed twice annually in Quarter 2 and Quarter 4). IHS rated red for AIM, green for Balanced Scorecard, and yellow for both Small Business and Strategic Sourcing.

### ***HHS Performance Management System***

- Align performance requirements with Departmental objectives
- Produce accountability for business results
- Achieve results that benefit people
- Provide measurable, citizen-centered outcomes
- Connects expectations to mission

### ***Purpose of Performance Contracts***

- Links performance rating with measurable outcomes
- Holds Senior Executives accountable for individual and organizational performance in order to improve the overall performance of Government
- Helps ensure that performance expectations throughout the entire agency are aligned with HHS mission and oriented toward achieving results

### ***Status of IHS Director's Performance Contract (DPC) Objectives at Midyear***

- 3 Stretch Goals and 51 objectives will be met or exceeded
- 3 DPC objectives may not be met this Fiscal Year

### ***Objectives that may not be met***

- Executive Leadership objective 4.2 – re: increasing Hispanics and persons w/ targeted disabilities over 06 levels
- Executive Leadership objective 4.5 – re: increasing Hispanic and Asian w/n sr. leadership positions
- Management objective 7.4 – Accurate, timely input of contract award data into DCIS
- Concern re: Management objective 7.3 – Small Business Administration goals for HUBZone and Service Disabled

## ***Discussion:***

Wendie Murray asked if the performance management system is Department-wide and cascades down, how did the ISAC priorities fit. Do they actually show up on the CIO's contract? Terry said no, her contract is based on the e-Gov requirements and what the Director, IHS has in his contract. Rich asked about whether this rolls out to the field. Measures in the Director's contract that pertain to Area/field performance are cascaded down from the IHS Director through the IHS Deputy Director to Area Directors who then roll these requirements out to staff within their organizations.

Dr. Cullen reported that Mr. Charles Havekost, HHS CIO, recently left HHS. Mr. John Teeter is the Acting HHS CIO. (Note: Effective July 23, 2007, Mike Carleton will assume the role of the new CIO and Deputy Assistant Secretary for Information Technology, HHS. Press Release distributed to ISAC on June 22, 2007) Last fall Dr. Cullen hosted Mr. Havekost and Dr. Rob Kolodner, Office of the National Coordinator, HIT, on a field trip to facilities in the Navajo, Albuquerque, and Phoenix Areas and will be asking the new CIO to also visit the field with IHS to orient him to the Agency.

## **Executive Level Security Program Requirements and Current HHS and Government-Wide Initiatives and Issues**

Jaren Doherty, Chief Information Security Officer (CISO), HHS

### ***Secure One HHS***

**HHS established an overarching information security program to meet legislative requirements and mitigate risk**

- ▶ Over 65,000 employees and 13 Operating Divisions (OPDIVs)
  - 13 unique missions
  - 13 unique information security programs
- ▶ Attractive high profile target
  - Sensitive medical information
  - Homeland Security first responder information
  - Patient information
  - Intellectual property
  - Financial and budgetary data

### ***Stakeholder Interaction***

Secure One HHS interacts with a diverse range of stakeholders to meet legislative, Departmental and OPDIV needs

### ***Compliance***

In response to increasing threats, Congress and the Executive branch are specifying standards to hold agencies accountable for information security

### ***FISMA Report Card***

HHS achieved the biggest Federal Computer Security Report Card numerical improvement for 2006; from an F to a B.

## ***Tools***

Automated tools have been implemented to facilitate and streamline information security reporting, including:

- **ProSight** - Provides automated capabilities to standardize reporting processes across HHS
- **Watchfire** - Provides analysis and reporting capabilities to ensure the security of web applications
- **Securify** - Provides network compliance, analysis, and reporting to monitor network perimeters
- **PointSec** - Provides a Federal Information Processing Standard (FIPS) 140-2 compliant whole disk encryption solution for laptop computers

## ***Secure One Services***

- **Secure One HHS fosters an enterprise-wide secure and trusted environment in support of HHS' commitment to better health and well-being of the American people**
  - Secure One HHS provides comprehensive programmatic support, including:
    - FISMA compliance oversight, evaluation, and reporting assistance
    - Executive and legislative mandate interpretation and implementation assistance
    - Privacy impact assessment review
    - Security awareness training program design
    - Coordinated incident reporting and situational awareness
    - Policy and guidance development
    - Critical infrastructure protection
    - Program management and operational support
    - Strategic and tactical planning
    - Network monitoring and compliance with HHS policies
- **Secure One HHS will build upon the partnership between HHS Headquarters and the OPDIVs to create a unified program that will serve as a model to other agencies**
  - HHS Headquarters
    - Provides an enterprise-wide perspective
    - Facilitates coordination among key stakeholders
    - Sets standards and provides guidance
    - Supports streamlined reporting and metrics capabilities
  - HHS OPDIVs
    - Provides business/domain expertise
    - Participates in establishing an enterprise-wide baseline
    - Manages implementation at the OPDIV level
    - Manages ongoing operations

## ***Discussion:***

Mr. Doherty, Chief Information Security Officer, HHS, discussed the changes over the past two years on security threats. Today we are seeing hackers coming from organized crime trying to capture Personally Identifiable Information to steal identities and medical information, often used to file and collect on insurance. There are now organized attacks; we are seeing cyber-security

teams in other countries stealing this information. They then use our own encryption techniques to send the information back out.

He discussed security having to come out of existing funding, OMB guidance explicitly addresses this.

Watchfire provides analysis and reporting capabilities to ensure the security of web applications. Chuck Walt asked how Watchfire will impact Tribal locations. Mr. Doherty said IHS will be asked to give them a list, they don't intend to scan their resources that are solely Tribal resources. If the Tribes use IHS AND Tribal resources, IHS will be able to share the resource for them to use. Details will have to be worked out and he will be available off-line to discuss the issue. Dr. Cullen said it is an internal IHS issue we will work through.

Mr. Doherty briefly discussed computer security awareness training, and the new role-based security training for specific users that will be available next year.

He complemented IHS on its excellent Incident Response Team. He is working with all OPDIVS on incident response so everyone is aware and protected across the Department. The HHS is developing a clear tactical security plan this fall for all to use and discussed executive leadership's commitment to security. Costs escalate quickly, 100s and 100s of users can be affected by an incident and existing budgets have to pay for them, there are no new funds.

The security program needs to be proactive. The IHS has a very talented IHS security staff working with HHS. He emphasized the need to have a baseline for security across the enterprise that applies to all.

Dr. Cullen said the ISAC is our advisory committee and is comprised of IHS/Tribal/Urban constituents. When these mandates come down, our existing budget has to be used to meet them. Mr. Doherty said it is very unfortunate. HHS has gone to OMB and they have a hard line. We have to fund security out of existing resources. Dr. Cullen wanted to publicly thank Mr. Doherty for supporting us and using the enterprise fund for as much as he can.

Mr. Doherty provided his contact info at SecureOne:  
SecureOne.HHS@hhs.gov  
(202) 205 – 9581

He closed his presentation by again pointing out the IHS Security Team is one of the better teams in the Department.

## **IHS Information Security Report**

### ***Update on Incident Responses to Recent Virus Outbreaks, FISMA Compliance***

Kathleen Federico, Chief Information Security Officer, IHS

Ms. Federico introduced herself as the new IHS Chief Information Security Officer (CISO), and gave a brief history of her work experience. She has recently replaced Rob McKinney, outgoing CISO who accepted a position with the VA. Ms. Federico has been with IHS for 16 years, the last 10 in security. She previously worked in the VA in a variety of departments. She worked hand in hand with Rob the past four years and agreed with Mr. Doherty that IHS does have a good security team. Our greatest challenge now is going from general security awareness to

implementing good practices. We need good support from management and buy-in on security. We also need to do a good job at the lower levels. The IHS Security Team at Headquarters consists of four Federal staff and eight contractors who assist in all phases.

### ***Certification and Accreditation***

The IHS has worked on the Certification and Accreditation (C&A) for its three systems (RPMS, National Patient Information Reporting System, and Infrastructure/Office Automation/Telecommunications) over the last year and these have been completed. These systems have authority to operate through 2010. We are now in the monitoring phase. All Information Systems Security Officers (ISSO) participate in this to ensure nothing is undone, test Continuity of Operations Plans, emergency management plans, and conduct incident response testing to ensure everyone knows their roles.

### ***Interconnection Security Agreements (ISA)***

The IHS is working diligently on ISAs. This involves anybody that is non-IHS.

### ***Federal Information Security Management Act (FISMA)***

The IHS established a group recently to see how Tribes fit into FISMA requirements. This group includes the Office of General Council who is identifying how this policy will be put into place for IHS and Tribes. The IHS should be issuing something soon.

### ***Resource and Patient Management System (RPMS)***

The IHS is working with the Navajo Area on accrediting VistA Imaging and Telehealth.

### ***Electronic Health Record (EHR)***

The IHS is securing devices like Citrix and wireless documentation

### ***Role-Based Training***

The Security Team will be developing a Contracting Officer presentation in the near future as this is the first role-based training we are charged to meet. The Security Team will be identifying a framework for other role-based groups.

### ***Securify System***

Securify is a tool used by IHS quite frequently that provides network compliance, analysis, and reporting to monitor network perimeters. Some of the benefits we've realized from its use include detecting over a 1,000+ worm and virus outbreaks that IHS was able to halt in 20 minutes or less. This not only protects the network but also protects the image of the Agency in the public.

Incidences by category that have occurred since Jan 2007 through last week include:

- 2 systems stolen, may or may not have involved Personally Identifiable Information
- 10 inappropriate usages
- 5 incidences of interest
- 6 malicious code incidences (Ms. Federico estimates we lost over 9,000 man hours on these incidences alone which is a conservative estimate. Very expensive)

The IHS has an Incidence Response Program in place where incidences have to be reported to IHS Headquarters and HHS within an hour. Our task is to educate our users on when to report incidences; it is better to report early to prevent a full-blown problem.

### ***Discussion:***

Chuck Walt asked if IHS tracks incidences occurring at Tribal facilities. Ms. Federico said if they are reported to IHS, yes. In the future we will be able to but right now, we don't have this capability. Dr. Cullen said we know which Areas are predominately run by Tribes. Areas have low, medium or high impact ratings. We do not have any statistics on Tribes.

Allejandro Bermudez asked about interventions from China and what they are specifically looking for to take back to China or other countries, or whether they just want to destruct. Mr. Doherty said we know they are in systems with and without PII. He is available to discuss this off-line, but not in a public group.

Madonna Long wanted to know about the C&A. Her facility spent \$28,000 on theirs, yet when we had the last virus outbreak their sites were still hit. Management in their Area thought the C&A should have prevented it. Ms. Federico said the C&A is on a pretty high level and Areas used different vendors to conduct their C&As. The reason we are still being hit is because patching is not being done on all systems at the local level and are not being kept up to date. She did a C&A "Lessons Learned" for the CIO yesterday. No matter what we do, we cannot be 100 percent protected. Mr. Doherty added the problem is partly security vulnerabilities that are there before we are aware of them. We are always playing catch up. We have to do vulnerability scanning. We also need to develop a tactic to deal with them. Dr. Cullen said at the national level, all we can do is tell people what to do. Ms. Federico sends the information out but there is a local responsibility to ensure users are doing their part. Ms. Federico said Areas that have done well during these incidences are the ones where IT staff have central control and can push out patches to all. She encourages ISSOs to work with their Human Resources (HR) staff to have HR issue the Security User Handbooks to all. Madonna Long said this answered her question totally.

### ***Information Technology Investment Review Board Update***

George Huggins, Director, Division of Information Resource Management, IHS

#### ***ITIRB***

- The Clinger-Cohen Act (CCA) requires that each agency undertake capital planning and investment control (CPIC) by establishing a "process for maximizing the value and assessing and managing the risks of information technology acquisitions of the executive agency." Furthermore, Executive Order 13011, "Federal Information Technology," states that executive agencies shall "implement an investment review process that drives budget formulation and the execution for information systems."
- Indian Health Manual - Chapter 8, Part 4, Section L

## ***ITIRB Membership***

<b>Membership</b>	<b>Title</b>	<b>Name</b>
Permanent	Indian Health Service Deputy Director for Management Operations	Phyllis Eddy
Permanent	IHS Chief Information Officer (Chair)	Theresa Cullen
Permanent	IHS Chief Financial Officer	<b>Ron Grinnell</b> or Sandra Winfrey
Permanent	IHS Chief Medical Officer	Doug Peter
Permanent	ISAC Federal Co-chair	Madonna Long
Permanent	ISAC Tribal Co-chair	Reece Sherrill
Ex-Officio	Director, Division of Acquisitions Policy	Kathy Block
Permanent	Tribal Self-Governance Advisory Committee, Member	Don Kashevaroff
Permanent	ISAC Tribal Representative (designated by ISAC)	Chuck Walt
Rotating	One HQ Office Director	Richard Church
Rotating	One Area Representative	Floyd Thompson

## ***Approved Projects 2007***

- Electronic Dental Record (EDR) February 8th, 2007
- Computerized Maintenance Management Software (CMMS) May 10th, 2007

## ***Reviewed Projects***

- Reviewed at the May 2007 ITIRB meeting.
  - Current OIT Investments (RPMS,IOAT,NPIRS)
  - VistA Imaging (Business Case needs further definition)
  - Patient Accounts Management System (PAMS) - (Business Case needs further definition)

## ***Discussion:***

Rich Hall asked if Mr. Huggins had any idea when two open issues, VistA Imaging (VI) and Patient Accounts, will be accomplished. Mr. Huggins has no definitive schedule on when the last site that wants VI will be on. Dr. Mark Carroll, IHS Telehealth Program Director, is working with the VA on this. They have to look at costs, technical support requirements, etc. and we don't know when it will come before the IHS ITIRB; it is the same for Patient Accounts. Mr. Elmer Brewster, ORAP, is working on Patient Accounts but we don't have a definite date when it will come back to the ITIRB.

Dr. Cullen said the ITIRB is a Clinger Cohen Act (CCA) requirement. The IHS ITIRB went dormant for few years and we are now pushing projects that have been on the books for a few years into the new ITIRB structure.

Rich Hall said he assumes at some point that there will be health information exchange and a Master Person Index and asked if there is anything moving on these initiatives. Dr. Cullen replied initiatives that don't have the funding don't come to the ITIRB. She said Dr. Grim, IHS Director, brought the MPI up to her again today and we are bringing an analyst on board to work on the business case for MPI. She mentioned Alaska is putting a contract in place and that the IHS may be able to leverage something with what they are doing. But from an investment perspective, it has not come to the ITIRB yet.

Dr. Cullen asked Mr. Huggins if the ITIRB minutes are available to ISAC. Mr. Huggins said if they contain budget sensitive information they can't. This also gives an unfair advantage to contractors. Dr. Cullen asked Christy Tayrien to work with the ITIRB staff on this. Madonna Long said all the business cases have the budget information.

## **PAMS Status**

Kris Kirk, Management Analyst, Division of Business Office Enhancement, ORAP, IHS

### ***Tribal Consortium - Partnership with IHS***

- Chickasaw Nation Health Systems
- Choctaw Nation
- Gila River

### ***Contracted with Informatix (ILC)***

- Contract initiated during the Summer2003
- One system that supports the complete revenue cycle

### ***Chickasaw Nation Health System PAMS "Alpha Production Site"***

- 52 bed Joint Commission on Accreditation of Health Care Organization Acute Care Hospital
- 5 remote clinics (utilizing PAMS)
- Consolidated database
- 322,746 outpatient visits in 2006
- Alpha Test site for the EHR
- A broad range of services

### ***Choctaw Nation PAMS Implementation***

- Final Testing Stage
- Plan to bring all of outpatient clinics up together
- Provides IHS the opportunity to observe both implementation strategies

### ***Gila River***

- Testing
- Final staff training scheduled for end of July

## ***Current Activities***

- Kris Kirk, site visit to the Chickasaw Nation
- Brenda Teel, presented at the Partnership Conference (4/07), Self-Governance Conference (5/07) and National Business Office Conference (6/07)

## ***Discussion:***

Ms. Kirk said Chickasaw implemented each specialty clinic separately versus Choctaw bringing all of their out-patient clinics up simultaneously. It will be interesting to see the differences.

Brenda Teal, Chickasaw Nation, has been working on revising PAMS training.

Alaska requested beta site implementation for several of their sites.

Bill Lance said Gordon Moreshead, ILC, has sent another copy of a licensure agreement with a provision to escrow the source code to IHS for a gratuity. He said hopefully this provision will make the agreement work. Dr. Cullen said the agreement has been sent to acquisition staff to review. She forwarded it today, June 21, but doesn't know the turnaround on it. Bill Lance said for the record it is the same source code licensure provision that was sent to IHS back in November. Ms. Kirk said until the licensing agreement is signed by IHS, PAMS will not be released to IHS.

Jim Garvie noted as of today we don't have a relationship with the contractor, ILC, and one of the things we have to work through is we don't have a contract with ILC to apply the licensure agreement. Bill Lance is hopeful we can work through the licensure agreement issue and thinks it protects both parties and that it is signed. The issue is between ILC and IHS, not the Tribal Consortium and hopes the parties can come to terms. Jim Garvie said the way it is written, ILC grants the licensure to the Consortium who will in turn need to work with IHS on this. Bill Lance again said ILC and the consortium are willing to work together with IHS to resolve this. Dr. Cullen said we need to look at the use of "timely"; Mr. Robert McSwain, IHS Deputy Director, is aware of this and the licensure agreement is in IHS Acquisitions. Bill Lance said the quicker the Tribal Consortium is aware of any issues the sooner they can facilitate communication and resolution of these issues. He said the use of this software will be beneficial to all of Indian Country.

Madonna Long asked if someone could put the history of this issue out there in laymen's terms. Dr. Cullen said from her perspective, there has been an implicit commitment to get the PAMS software to IHS so IHS can beta test to get it certified. Recent discussion was to beta test PAMS at Tribal sites. Kris said it was difficult to present a business case to the ITIRB without the software. It will be much easier when we have the software.

Dr. Cullen said she thought Tribes that want to go to ILC to get the software directly could, and asked Bill Lance if this was the case. Ms. Kirk said she is getting a lot of questions from Tribes on this issue and support. Tribes are contacting ILC but coming back to IHS; there is still quite a bit of confusion and discussion on that. Dr. Cullen said PAMS is still not a part of the RPMS suite of applications so she has no comment on it.

Dr. Cullen emphasized the OIT is not the office leading PAMS, it is ORAP, and said it would be similar to EHR coming through OIT to deploy with external funds. Bill Lance asked if Dr. Cullen had a figure on what this will cost. She said not yet, the IHS cannot estimate without the

software Bill Lance said Tribes wanting to work with ILC can work with the Tribal Consortium to make this happen.

## **UFMS Status**

Jim Garvie, OIT

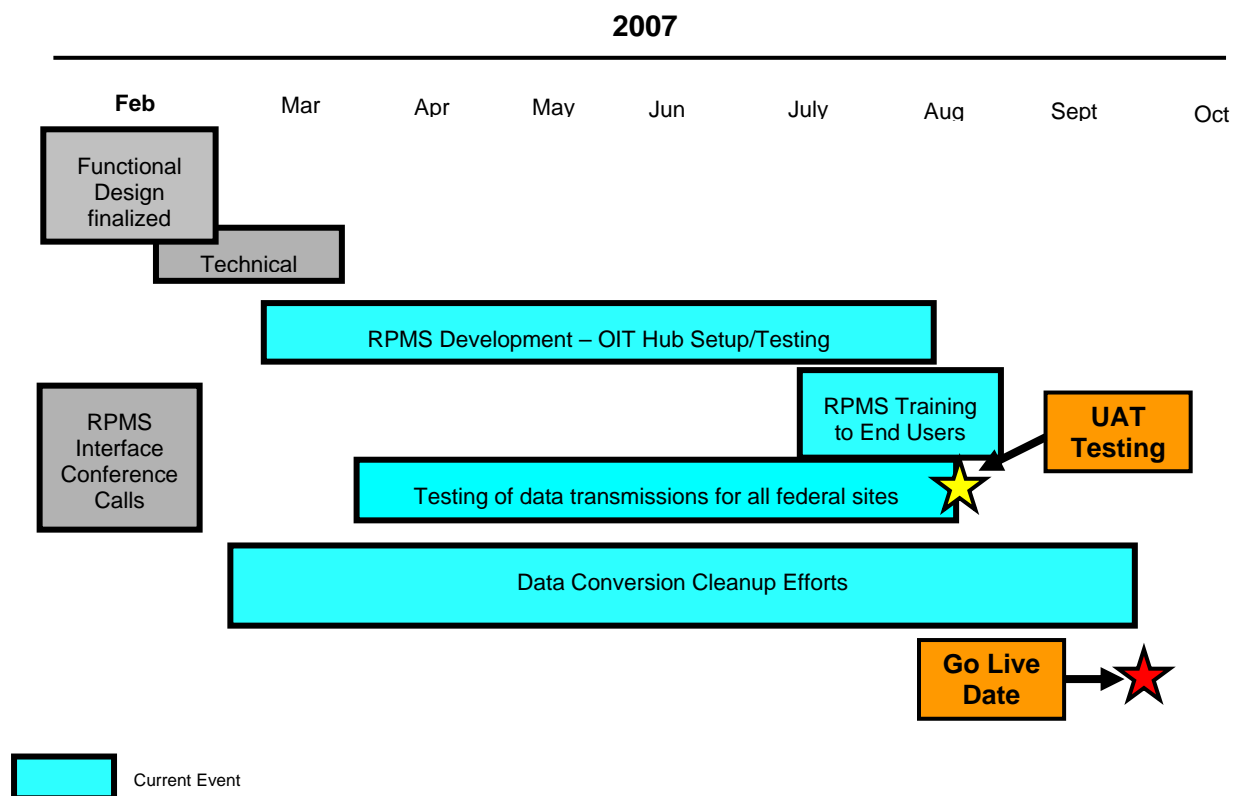
### ***OIT Technical Support Activities***

- Vendor Cleanup Efforts [(Administrative and Resource Management System (ARMS) and Contract Health Services(CHS)]
- Third Party Billing (3PB)/Accounts Receivable (AR) Interface
- CHS Interface
- Hub – Integration Engine
- FRS – WebFRS Support
- Infrastructure (J-Initiator Deployment)
- Network Analysis
- Performance Testing

### ***Vendor Cleansing/Document Linkage***

- Comparison to CORE open documents
- Tools for cleansing/validating
- DUNS data collection requirements
- Export of vendors/docs through WebFRS
- Vendor (Supplier) un-duplication process
- CORE document Entry Internal Number enrichment
- Vendor errors and Employer ID Numbers (EIN) returned to facilities
- Mock 4.4 – 99% of suppliers loaded successfully
- CHS documents lacking EIN's and Fiscal Intermediary (FI)/IHS indicator

## RPMS Interface Timelines



### RPMS Interfaces – key points

- All RPMS interfaces will transmit daily through a centralized hub
- Vendor/Payer data must exist in UFMS or a transaction error will occur
- 3PB will generate a Common Accounting Number (CAN) from visit data
- Advice of allowance will not be distributed until collections are posted in AR!
- CHS document control registers do not have to be closed for daily exports
- Conversely, 3PB/AR now have batches/user that have to be closed and then manually initiate export

### Error Handling – Types of Errors

- OIT Hub
  - CAN BACS assignment by Cost Center/Location
  - Notification of Errors
- RPMS File transmission Errors
  - Documentation “in process”
  - Notification of Errors....

### RPMS Development

- Third Party Billing V2.5 Patch 12
  - Deriving CAN from visit data by clinic, facility, insurer type

- ☐ Inclusion of Tax ID – [Error if missing]
  - ☐ Creation of Invoice Number to include ASUFAC identifier
  - ☐ Cashiering – Reconciliation at Local level
  - ☐ File creation and transmission
- Accounts Receivable V1.8 P3
  - ☐ Batch – Intra-Governmental Payment and Collection System (IPAC) or Schedule number entry
  - ☐ Cashiering/File creation
  - ☐ Unallocated = Unapplied receipt
    - Modifications for Miscellaneous (HPSA payments, Incentives, FRP, etc)
- Pharmacy Point of Sale (POS) Patch 20
  - ☐ Billed Account Revenue to 3P
- CHS v3.1 patch 13
  - ☐ UFMS export logic

### ***Preparation by Business Office***

- Identifying Tax ID # for Insurance companies
  - ☐ Final Tax ID spreadsheet to be submitted Sept 2007
  - ☐ Pseudo Tax ID #s to be issued to Area Coordinator
    - 500 per Area
    - Interim usage until Real Number can be entered
- Keeping Accounts Receivable RPMS Current
  - ☐ Timeliness of AR Batching
  - ☐ Linking to PNC Bank deposit/Schedule number
  - ☐ Improving Timeliness of AR Posting activities
  - ☐ Posting linked to Advice of Allowance issuances

### ***Next Steps...***

- Finalize Development of 3P,AR and CHS, testing
- Deployment
  - ☐ Train staff on cashiering functions and reconciliation steps
  - ☐ Train field on obtaining Tax ID #s, CAN process and update to Oracle
  - ☐ Train staff on monitoring error reports and correction
- Testing
  - ☐ Sending files from each facility to OIT Hub to Oracle
  - ☐ Monitor error reports, data quality, timeliness of submissions, system issues

### ***Next Steps -Your Immediate Actions***

- ✓ Any changes to your critical Go-Live user list must be submitted through your designated Area Site Validator.
- ✓ Encourage identified users who have been contacted by the Security Clearance personnel to submit paperwork for a security clearance; including fingerprints and a credit check.
- ✓ Work with your Areas to clean your data, especially your vendor files and financial transactions, and reconcile your General Ledger balances as appropriate.
- ✓ Confirm that your local office is working with your Area IT Office to load J\*initiator software, which is required to run UFMS, on all identified critical Go-Live users' desktops.
- ✓ Reinforce the need for critical Go-Live users to complete the required Online Training.

- ✓ Get to know and work with your Training and Support Specialist (TASS), Area Training Coordinator (ATC) and Area Business Transformation (BT) Contact.
- ✓ Communicate UFMS at general staff meetings and other meetings to the service unit employees.
- ✓ Pay attention to key UFMS communications distributed via email, and distribute UFMS messages to your staff.
- ✓ As much as your budget allows, please plan to have sufficient supply levels to get you through the cutover period.
- ✓ If you have questions, send them to the IHS UFMS Project Team at [ihs.ufms@hhs.gov](mailto:ihs.ufms@hhs.gov)

For additional information on the IHS UFMS Implementation, please visit <http://intranet.hhs.gov/ufms/ihs.html>

### ***Discussion:***

IHS has done very well with the integration testing so far, much better than expected.

Advice of allowance will not be distributed until collections are posted in Accounts Receivable. This means we will not be able to spend funds until they are available in UFMS.

Madonna Long said we need to hope the OIT hub never goes down. She doesn't want to say it still seems a bit uncoordinated, but discussed the clearances that employees were required to obtain through OPM. Areas submitted the forms provided but had to submit additional forms later.

## **ISAC Discussion/Action Items**

Facilitated by Madonna Long, Co-Chair

### ***August ISAC Meeting***

Wendie Murray researched the air cost and found from Anchorage to Seldovia it is \$300. There is no government rate for lodging in Seldovia so it defaults to the Homer, Alaska rate which is \$80. Seldovia lodging is \$150. Wendie asked if we wanted to pursue this location at this rate. Consensus was no. The group discussed meeting in Portland and Dr. Marquart will look for a meeting room. [Christy Tayrien asked for upcoming meeting agenda items and listed one as soliciting new persons to fill 2 IHS vacancies. She will write a nomination from the Co-Chairs to Area Directors soliciting nominations.](#)

### ***WebEx Usage***

Christy asked how the WebEx worked for the group on this call. All but 2 persons were able to use it and everyone on line seemed satisfied with the WebEx presentations. Wendie couldn't access the WebEx on a Mac and JoLynn Davis couldn't access it from the location she was at on travel. Chuck Walt was not able to access the WebEx through Christy's e-mail message; the URL didn't work. She said it was because she sent the message through Web mail and had seen this problem one other time.

Action Item: OIT will send out the CIO mid-year status report to the ISAC.

Action Item: OIT will work with the ITIRB staff on providing the ISAC with copies of the ITIRB minutes without budget information. Madonna Long said all the business cases have the budget information.

Action Item: Christy Tayrien will write a nomination from the Co-Chairs to Area Directors soliciting nominations.

Meeting Adjourned at approximately 3:00PM.